

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/584 124 | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|---------------------------------|----------|-------------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| ① | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | 3 | ↓ | 0 | ↓ | 0 | ↓ | | | | | | | |
| TOTAL DEP. | 16 | ← | 0 | ← | 0 | ← | | | | | | | |
| TOTAL CLAIMS | 19 | | 0 | | 0 | | | | | | | | |
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| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ | | | | | | | |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← | | | | | | | |
| TOTAL CLAIMS | 0 | | 0 | | 0 | | | | | | | | |